



The Repetition & Avoidance Quarterly

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The Washington State Veterans PTSD Program

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2011 PTSD Contractors' Conference at Sun Mountain Deemed Big Success

The WDVA-King County PTSD Trauma Contractors' Conference was held at scenic Sun Mountain Lodge May 20-22 amid fields of wild flowers and mountain pines, below the cruising eagles. Also attending and participating in the conference were the veterans involved in Mark Fisher's Vet Corps. The conference featured an innovative format consisting of panels composed of conference attendees, an inspiration of the WDVA PTSD Program Director, Tom Schumacher. The panel format proved to be a dynamic stimulus for lively discussions of topics that ranged from ethics, sleep hygiene, anger, post-traumatic growth, military sexual trauma, the role of veteran social support, and "psychotherapeutic nuggets." Added to the Contractors' erudition was an eloquent presentation of a case study by Diana Frey of a traumatized Vietnam War veteran receiving his first treatment. Diana demonstrated the application of trauma-focused exposure therapy for chronic PTSD.

A highlight of the conference was the ceremony that announced the retirement of the Contractors' WDVA representa-

tive in charge of paying the contractors' vouchers, Donna Johnson. She was regarded with the affection due a mother bird feeding her young.

This conference, more than has been recently attended, involved everyone, opening up for all a sense of participation in the process. The contractors, coming from diverse communities, responded like mountain inhabitants who come into town after spring thaw and gather at the general store.

It was noted that the introduction and involvement of the younger student veterans, comprising the Vet Corps, gave an injection of new life to the contractors, presenting their own ideas of symptom management, especially noting that they disagreed about the application of the medical model to their post-deployment adjustment to civilian life.

Tom Schumacher, as he has done every year almost since the beginning of the program, guided the conference like a shepherd guiding his sheep for sheering. EE ##

(See candid photos of conference, on following pages.)



The 2011 PTSD Contractors' Conference featured panels discussing various topics, which proved dynamic and stimulating for all. Shown here is a panel featuring a mix of WDVA contractors, counselors and Vet Corps students. They were discussing the role of social support for veterans. Panel members are, from left to right: Keith Meyer, Robert Perry, Christian Alexander, Diane Nakamura, George Corvollo, Dennis Scar, Sarah Andrews, Dorothy Hanson, and Sue Dickenson. (Photo by Flash, the Intrepid.)



Anger Breakout

In the afternoon on Saturday, the second day of the PTSD Contractors' Conference, three concurrent breakout sessions were held. Being only human, Flash was able to attend just one, which featured seers Bill Dogherty, Ph.D., on the faculty of WSU, and J. Wayne Ball, MSW, who travels between Wanatchee, Everett and Ellensburg, expanding the range of counseling services. Eyeing them closely, if not warily, are Sue Dickenson, Wenatchee, and Diana Frey, of Maple Valley. The consensus was that anger in clients was best addressed both consciously and unconsciously, having the client make a video in his or her mind, of episodes of anger, replaying with new responses, in a fashion, "coping ahead", and focusing on positive outcomes when the client didn't get angry.

Military Sexual Trauma

On the right are panelists discussing aspects of military sexual trauma. They are, left to right, Jodie Stewart, Bridget Cantrell, John Michelson, Diane Nakamura, Terry O'Neil, and Christian Alexander. The panel discussed the problems created by sexual harassment and sexual assault as it took place on active duty in the military. They spoke of the reluctance to report sexual assaults and special issues that are present in the process of psychotherapy, including trust and betrayal. Also addressed were the problems of males who are sexually assaulted in the military. Terry O'Neil spoke of her work as a C&P examiner specializing in military sexual trauma. (Photos on this page are also by Flash, the Intrepid.)



The Repetition & Avoidance Quarterly (RAQ) is published each season of the year by The Washington Department of Veterans Affairs PTSD-War Trauma Program. The PTSD Program's director is Tom Schumacher, who is also the publisher of the *RAQ*. The editor of the *RAQ* is Emmett Early. The *RAQ* is intended as a contractors' gazette for the communication of information relevant to the treatment of PTSD in war veterans and their families. To be included in our E-mailing list, contact WDVA, Tom Schumacher, or Emmett Early, and send us your Email address. Previous editions of the *RAQ* can also be read online by going to the WDVA website www.dva.wa.gov. Once you arrive at the website, click on PTSD, and once on the PTSD page, scroll to where you find access to the *RAQ*. The gazette logo on the front page is a computerized drawing of a photograph of a discarded sign, circa 1980, discovered in a dump outside the La Push Ocean Park Resort. Comments and contributions to *The Repetition & Avoidance Quarterly* are encouraged. We also seek your offerings of literary references that you find meaningful, inspirational, or therapeutic in your work with trauma survivors, or as a student in the field of traumatology. Space may limit a large submission, however, the submission will be considered for publication. ##

Candid Celebrity Photos from the 27th Annual WDVA PTSD Contractor's Conference



Pictured above is Robert Perry, LCSW, who is the WDVA PTSD Contractor in Sequim, Washington, located at the Peninsula Community Mental Health Center, covering Clallam and Jefferson Counties.



Above is Nina Shilling, who is a new King County Contractor, moving to Washington State from New York. She will provide liaison for establishing a family component for counseling at the Puget Sound Health Care System in Seattle.



On the left is Peter Schmidt, who is Dean of Counseling at Edmonds Community College, in charge of WDVA veteran student outreach, receiving an award certificate from Tom, for performing good work.

[Photos by Flash, the Intrepid.]



Two of Hearts

Shown above, supporting each other empathically, are Wayne Ball and Jim Tufts, both of whom had recent quadruple bypass heart surgery.



Above is Mary Forbes, WDVA's new Assistant Director of Veterans Services and Behavioral Health, and Tom Schumacher's boss.

On the right is WDVA PTSD Program Director Tom Schumacher and Vet Corps Director Mark Fisher, who are about to present a farewell gift to the WDVA Contracts Coordinator, the much loved Donna Johnson, who will be retiring in July. Donna has had an excellent record of friendly, gentle reaching out to assist contractors who each month manage to botch their invoices. She will be missed.



Book Review:*Flourish: A Visionary New Understanding of Happiness and Well-Being*

By Martin Seligman

Reviewed by Emmett Early

The subtitle of Martin Seligman's new book is an example of another use of the word in his title, *Flourish*, that is, to make a bold sweeping gesture. Dr. Seligman, who is a psychology professor at the University of Pennsylvania, has made quite a name for himself with, first, his innovative ideas about learned helplessness that altered our concept of clinical depression, and then his creation of a popular and flourishing field of positive psychology. His new book includes his description of the beginning of his work with the U.S. Army, at their invitation, introducing a program of training for their 1.1 million soldiers.

Dr. Seligman is a little hard for me to read because he writes so much about himself, giving me more than I want to know about his family and his love for playing bridge. Needless to say, he is very positive about the work that he is doing. If he waxes grandiose, it is not so much pathological as of one who is uninhibited about sunning himself in the success of his ideas. He describes how General George Casey literally invited him at a meeting to develop a psychology program for the army. "Dr. Seligman here is the world's expert on resilience, and he's going to tell us how we are going to do it" (p. 127). Dr. Seligman writes: "Recovering, I repeated...that focusing on the pathologies of depression, anxiety, suicide, and PTSD was the tail wagging the dog. What the army could do was to move the entire distribution of the reaction to adversity in the direction of resilience and growth. This would not only help prevent PTSD but also increase the number of soldiers who bounce back readily from adversity. Most important, it would increase the number of our soldiers who would grow psychologically from the crucible of combat" (pp. 127-8).

Dr. Seligman created a program, described also in the January issue of the *American Psychologist* (reviewed last *RAQ*), to fit into the already established army Comprehensive Soldier Fitness program, which featured both assessment of every army soldier along with self improvement courses. He stated that no superior will see the individual soldier's results, but the information will be used to assess overall functioning of each soldier and recommendations for further training. He writes: "Because all soldiers must take the GAT (Global Assessment Tool), this may reduce the stigma surrounding mental health services. No soldier will feel singled out and all soldiers will receive feedback in terms of their strengths..." (p. 135). However, Dr. Seligman contributes to strengthening the stigma by asserting that PTSD "surely increases in likelihood because of the self-fulfilling nature of the downward spiral that catastrophizing and believing you have PTSD engenders. Individuals who are catastrophizers to begin with are much more susceptible to PTSD. One study followed 5,410 soldiers through their army careers from 2002-2006. Over this five-year period, 395 were diagnosed with PTSD. More than half of them were in the bottom 15 percent of mental and physical health to begin

with. ...people who are in bad shape to begin with are at much greater risk for PTSD than psychologically fit people" (p. 158).

Dr. Seligman believes that he can teach the army to teach resilience to its soldiers and that will reduce the incidence of mental illness. "PTSD is a nasty combination of anxiety and depressive symptoms, and resilience (optimism) training has a clear preventive effect on both. It is, moreover, the soldiers in the bottom 15 percent in mental fitness and physical fitness who are particularly vulnerable to PTSD, so arming them in advance with antianxiety and antidepressant skills should be preventive" (p. 170). Teaching resilience, Dr. Seligman writes, "what we teach is critical thinking: the thinking skills to distinguish between irrational worst-case scenarios that paralyze action and the more likely scenarios. This is a thinking skill that enables planning and action" (p. 175).

Dr. Seligman is positive about the potential that the army has to "marry" their ability to track physical fitness data with medical data and medical information on each soldier. He is predicting that his positive psychology program, particularly teaching resilience, will improve both the physical and the mental health of soldiers working under stressful conditions. It is his thinking that well-being will improve performance and reduce the army's health care costs.

Getting soldiers, as Martin Seligman writes, to "grow psychologically from the crucible of combat," I suppose is akin to the old saying about making the best of a bad situation. It is hard to imagine how one can remove the stigma of PTSD and hold that "more than half" are "in the bottom 15% of mental and physical health." Although it is certainly worth a try to train soldiers in how to deal with traumas ahead of time.

Dr. Seligman's approach that he outlines in *Flourish* has an elitist ring to it. He writes about what he calls the five routes to wellbeing (p. 231-2): "positive emotion, engagement, meaning, relationships, and accomplishment" (pp. 231-2). He describes himself and his highly successful team of theorists as examples of such wellbeing. There is an echo here of EST motivational training, as well as the sales pitch of the power of positive thinking. It is a tall order to turn a huge organization of 1.1 million men and women into a force of positive thinkers. The army obviously likes the philosophy, but one worries that the soldiers who have PTSD may not be acceptable as being on the route to wellbeing. That may be left to an individual therapist to help the soldier to adjust the course. Dr. Seligman writes about GRIT, referring to "the never yielding form of self-discipline" that would turn posttraumatic symptoms into opportunities for positive change, which is also what a therapist would do, while at the same time working with the veteran client to repair the harmful thinking about the stigma of having a "disorder" despite all the positives.

(Continued on page 5, see *Flourish*.)

(*Flourish*, Continued from page 4.)

Dr. Seligman devoted a chapter to providing evidence that health statistics supported his theory that positive psychology was good for an individual's overall health. He summarized findings: "All studies of optimism and CVD (cardiovascular disease) converge on the conclusion that optimism is strongly related to protection from cardiovascular disease. This holds even correcting for all the traditional risk factors, such as obesity, smoking, excessive alcohol use, high cholesterol, and hypertension. It even holds correcting for depression, correcting for perceived stress, and correcting for momentary positive emotions. It holds over different ways of measuring optimism. Most important, the effect is bipolar, with high optimism protecting people compared to the average level of optimism and pessimism, and pessimism hurting people compared to the average" (p. 194). He provided similar evidence that positive variables improved resistance to infectious disease and cancer recovery, and he again savored the potential for the army supplying a treasure trove of evidence, not only for his theory that positive psychology improved health, but that the psychology of individuals could be altered in a positive direction.

Dr. Seligman hypothesized that optimists are less vulnerable to disease because they have healthier lifestyles, better social support, and stronger immune systems than do pessimists. Pessimists, he conjectured, give up more easily and therefore experience more stress and helplessness than do optimists. He observed that repeated episodes of stress lead to "a cascade of processes involving higher cortisol and lower levels of the neurotransmitters known as catecholamines, leading to long-lasting inflammation" (p. 207).

The question remains to be answered as to whether Dr. Seligman's optimism about the application of his positive psychology program to the U.S. Army is warranted. He will have plenty of data with regard to soldiers' health and performance, but the issue that is most controversial is whether the personalities of soldiers can be altered to improve their health outcomes. Can soldiers learn to be more resilient in the face of repeated combat actions? Can they be prepared to endure the traumas of combat without succumbing to the symptoms of posttraumatic stress disorder?

One of the aspects of denial is that it leaves one unaccustomed to coping with symptoms. I have known veterans who were highly optimistic, who had been through potentially traumatic circumstances in combat and showed few if any PTS symptoms, but were inexperienced in managing their lives when the symptoms finally broke through. I hope that such persons will not be set up for major life crises by having learned the principles of positive psychology.

Wisdom that is much older than positive psychology addresses the existence of Yin and Yang, and portrays these opposites as composing a circle, half dark and half light. It suggests we are lucky if we are naturally happy fifty percent of the time. Optimists say that volunteer flowers come from indigestible seeds in the droppings of birdies. Pessimists say, (and it is true,) so do weeds. We argue with Dr. Seligman that it must be true of most human illnesses, that the weakest are the first prey. The same is true, I am sure, at the jungle watering hole.

But what lies darkly behind the logic of positive psychology is the off-putting denial that the traumas of combat take their toll on the healthy as well as the weak. The stigma of PTSD comes from the perception that the veteran with PTSD is one of the weak...one of the "catastrophizers" referred to in *Flourish*. The term, "catastrophize" is a word that harkens to what we know of the segment of the 1.1 million soldier army who are products of abusive childhoods, those with complex PTSD, manifesting "over-reactive affect", those who react with hyperarousal as if something terrible were about to happen again. Yes, they would be the among those who come away from combat with PTSD, but so would many who entered the fray with solid foundations and were also overwhelmed by what they witnessed and participated in: the traumatic death and dismemberment of the enemy, of civilians, and of comrades on the line, the destruction of home, of custom, and culture, the terror and loss of control of one's basic physical functioning.

Dr. Seligman accepts that there is genuine PTSD, but states also that he believes that symptoms are exaggerated for the purposes of compensation, and inevitably, in so stating, perpetuates the perception that those who were damaged were weak to begin with and have ulterior motive in presenting symptoms—he also admits that he is not a very good clinician. He thinks that all veterans should be compensated, but not for having psychological disability. The fuzzy line for the federal VA is that of compensating for obvious disabilities versus those that are "mental."

Throughout the post-World War II era we were influenced by the fictional movies about war that, in the end, gave a positive outcome. War veterans typically stayed away from those movies, calling them popular pap. There is something inherently misleading about viewing combat as positive. I remember a story I read of one of Mussolini's sons, who was an aviator during Italy's war with Ethiopia, writing a poem about the red rose that was formed in the fiery cloud of his bomb strike. That was an example of turning something inherently negative positive.

Dr. Seligman is certainly correct, as any sports psychologist would attest, that if one goes into a slump in performance, one must be positive and persevere, because success will only come if one keeps trying. The therapist is left with the client who has PTSD, who must put the best light that can be brought on the real symptoms of the disorder. ##

RAQ Retort

The *Journal of Traumatic Stress* doesn't invite comment, but we do. If you find that you have something to add to our articles, either as retort or elaboration, you are invited to communicate via letter or Email. And if you have a workshop or a book experience to tout, rave or warn us about, the RAQ may play a role. Your contributions will be read by all the important people. Email the editor or WDVA.

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The Psychic Reader

By Tom Schumacher

About 12 months ago I was pressed by a desperate neighbor to buy some raffle tickets for a charity event held in Olympia supporting a land use organization. I happened to have 10 dollars in my pocket and that was quickly turned into 10 tickets – chances on some unknown prize. The neighbor was so pleased with my support that he agreed to fill out the ticket information for me. Weeks passed without word of the drawing, and I simply forgot the whole matter.

About three months after the encounter in the alley and the ticket purchase, I was notified by certified mail that I won one of the grand prizes at an annual fund raising event. I had no immediate memory of what this was about until I recalled the neighbor and the raffle tickets. The prize was not an all expense paid trip to the Grand Cayman Islands, or even dinner at a local exotic restaurant, but inside the certified envelope was another envelope containing a certificate for a *psychic reading* by one Madame Doreen, “Seer of the future, and teller of all things unknown.”

Amused, I tossed the prize in the drawer where it stayed for months, until one day while looking for batteries for a portable radio and I happened upon the oddly colored envelope – a light shade of mystic lavender with sparkles. I noticed that the expiration date of the free 90 minute reading was near, which set my mind running. What could take a full hour and one-half? What do psychic readers do, really? I had never considered what happens when one sees a psychic reader, and had never heard of one taking this much time to complete a reading.

I must have been overly sensitive about future events, or just overcome by curiosity, so I called to make an appointment. I was greeted by Madame Doreen, who I would have thought would have caller ID and would answer the phone using my name. It would have been an easy psychic trick, but all she wanted was my first name. The gift certificate did not have any name attached, so at this point she did not even know who I was. No chance to *Google* me before my appointment, I thought. The appointment was set for one week later.

I arrived early, not knowing what to expect. Having gone to medical appointments and visiting other professional vendors, I was naturally considering any possible similarities. I was met briefly by a large woman, dressed in bright colors, flowing skirt, and wearing a modest amount of large silver jewelry. She seemed formal, yet friendly. She asked that I sit in the waiting room while she completed a short *consultation* with a colleague. *Consultation with a colleague – psychic readers consult with each other?*

There were a variety of popular magazines and brochures for many services in the community on a rack near the door. One brochure was about defending your right to privacy. Posted on one wall was a city business license, and other certificates that seemed semi-official, but the print was hard to make out from my vantage point. She came back to the waiting room before I had a chance to examine the framed notices.

“This your first visit to a psychic reader? Are there any medical conditions, medications, behavioral health concerns

that I need to be aware of that might respond unfavorably to our visit or visits? Our sessions are completely confidential. We are not required to keep progress notes or even to record your visit. I cannot be deposed or required to testify in court about your visit.”

I listened carefully but my mind seemed to stick on her use of the word “visits.” Do people actually come back often?

I was a little surprised by all of these disclosures, but I was equally impressed with the freedom with which psychic readers operated, even telling me what they did not have to do was somehow very refreshing – even reassuring.

She had me read a document that reported her training, qualifications, and membership in the APRA (American Psychic Readers Association), an organization that she said was dedicated to restricting anyone from ever requiring psychic readers to disclose anything about their work with people. I was modestly taken aback by the formality used to ensure that I need not worry about formality. It all seemed a bit paradoxical. But, I was not required to sign anything; “No records,” after all.

At the same time, gone were the my childhood illusions of a woman at the county fair who would see one person after another, dispensing readings from the palm lines of her customers. Madame Doreen spent at least 10 minutes describing her life work, life experiences that led her to be a psychic reader, and the training she had obtained along the way. I was impressed with her attention to details regarding a vocation that I had never considered to be part of what was often just a circus or carnival attraction, sometimes even off the midway and in the back alley. She worked at an appropriate level of self-disclosure, and did it in a way that created comfort and trust. She was not bragging about credentials or degrees, or proprietary fortune telling skills.

Our session started with what was surprisingly like any other professional service, a diagnostic review of the lines in my hands; a search for *bilateral line confirmation*, I concluded. She scanned my right hand, then the left, and back to the right again as she traced the length and prominence of important lines. It felt a little like she was reading an X-ray or an MMPI-2 profile. She also surveyed my face, looking at lines and signs of something that would portend the future, or perhaps wrinkles and lines that revealed my past. She even lapsed for a moment into what seemed to be a light trance, as she seemed to enter a deep moment of empathic connection with some part of me that others could not see. Her eyes were closed, and they fluttered as if sampling an invisible range of light. She later told me she was reading my “aura.”

The session was remarkably informative and she correctly told me a number of things about my life and work. It was rather startling how honest she was about what she “saw,” and she clearly was attending to relationship-building aspects with her comments and questions. She
(Continued on page 7, See *Psychic Reader*)

(Psychic Reader, Continued from page 6.)

would ask in various ways, how I felt about the things she was telling me. She was very concerned that I was taking the good and bad news well, and that I had ample opportunities to discuss the ramifications of each pronouncement.

"How do you feel about that news?" "Can you think of ways that you would be able to take advantage of this revelation in the future so that it will work for you, rather than impair your decision making?" "Would you like to know more about that?"

I had no idea psychic readers gave a whit about the impact of their mystical pronouncements. This seemed a new development in a field that has never felt particularly professional or even modestly regulated.

I told her that having some awareness of the counseling profession (she had figured that out within minutes, I think), that I could not believe how similar the practice of psychology resembled her approach. I also asked why she did this, since readings are only one session long.

"Oh no, I have dozens and dozens of clients who I see two or more times a month."

"You do? Is this why you work so hard at the understanding, reflecting, demonstrating empathy, compassion, personal disclosure, authentic concern, gentle challenging, and supportive rehearsal of alternative ways of managing information?"

Her answer was remarkable, noting that the mental health field had once been the grand alternative to people in pain and needing authentic and mindful help. She explained that it had over the past few years become so heavily managed by insurance companies, government agencies, licensing and practice laws, professional scope of practice rules and directives, and many other forces, that she and many psychic readers had seen an opportunity to offer what people really need most, someone who cares and understands them. I am impressed with her range of understanding about the mental health field.

She noted that churches used to be the bastion of support and safety during times of personal trouble, but with the many scandals, doubts about organized religion, and other troubles, they too had basically taken themselves out of their traditional role of unconditional positive regard, mindful caring, and spiritual and social help. They had the power to help people confess their problems and errors, be relieved of guilt, sadness over wrong turns in life, and help them create pathways for change. But now few people believed that the church offered a safe place to go. "There is just no sanctuary left in modern life to let down, be affirmed, and to formulate a reinvented self. We are a materially rich land, with improvised and broken traditions of helping each other."

Madame Doreen told me that the real "nail in the coffin" assist to her vocation came after passage of HIPPA (Health Information Portability Protection Act). The whole process of reminding clients over and over again of the perils of intentional or accidental disclosure of information, and the multiple exceptions to the disclosure rules, required a lawyer to understand, and frightened clients into being concerned more than ever that whatever they said could be used against them in every aspect of life. And, the advances and then exceptions to "privileged communication" began to appear to her clients to produce so much fear as to avoid anyone operating under such legal contrivance.

Even more unexpected was when she noted the impact of insurance companies insisting that only those therapists who used certain treatment and counseling practices and techniques would be paid for their professional services, or even referred clients in the first place. It was the *evidence based practices* (she said this phrase as though she was chanting from a liturgical canon) that really took most mental health professionals out of the running when it comes to the needs of clients to feel safety, compassion, concern, empathy, and mindful understanding – all those things that human beings need in order to feel understood – the basis of all forward movement in anyone's life. "We all need somewhere to go, someone to tell the horrible stories of our lives, so that we can begin to heal."

Madame Doreen was so very articulate about all of this that I began wondering if she were really *only* a psychic reader, and that perhaps she had somehow become so jaded by the practice of psychiatry, psychology, clinical social work, or mental health counseling as to just slide under the radar and into a world that could offer her a pathway for caring for human beings; and, owing to her good professional boundaries, create a place to behave compassionately to the many suffering people of our tormented land.

I left her office with more questions than answers, and at the same time cheered by just how creatively Madame Doreen had woven together the elements of human trauma, resilient experience, growth, and hope for better futures among her "clients." It was then that I saw the potential riddle in her name. It may have been as much her style and professionalism perhaps, but I could not shake the feeling that *Madame Doreen* was really something other than a Psychic Reader. In fact, the riddle in her name was her initials, *M.D.* Perhaps she could no longer tolerate the special torture of being a provider in a healing profession that is slowly disallowing itself from helping those in need. Or, perhaps I recognized (again) that safe human relationships have many basic universal features that we cannot reject as important in healing trauma. TS ##



Ethics Panel Lead Conference Discussion

Pictured above are members of the Ethics, Countertransference, and Compassion Fatigue Panel, of the 2011 WDVA PTSD Contractors' Conference. They are, left to right, Roberto Valdez, Dorothy Hanson, Michael Phillips consulting his notes, and Emmett Early, who is seen here discretely adjusting his hippocampus. Dwight Randolph, is not in the picture, but was also a member of the panel. Tom Schumacher is in the background sorting his papers. Pictured also (foreground) is an enthusiastic audience participant. (Photo by W. Ball.) ##

Academic Freedom or Academic Failure

By Peter Schmidt, Psy.D.

In my travel to higher education institutions it is not uncommon to hear a student veteran describe frustration with a course, particularly when there appears to be a political agenda or bias related to the content under the guise of academic freedom. I learned of a situation where a student veteran was enrolled in a social sciences course and within the first couple of weeks of class a video was shown to emphasize how military recruitment is biased with propaganda and brainwashing. The student vet said the point being made was that people join the military because they are victims of propaganda and this is all part of a corporate agenda. Students in this course were also assigned to research the website *addictedtowar.com*, and to write a response as well. As reported by the vet, other differing points of view were not welcome.

This vet with 10 years of military experience shared how he was made to “feel like an idiot” and, since dialogue or other opposing points of view weren’t welcome, he also felt “talked down to.” When the student went to the instructor’s office he found antimilitary posters on the office wall and door, featuring pictures of soldiers coffins and soldiers dying, and the need for replacements. This frustrated student went on to describe how this was the first time he felt isolated on a college campus and there was no way to “wing” this situation, since he would usually try to find a way to succeed. The point he emphasized with me was if he gets upset by these assignments then what’s it like for other vets who do not have peer or staff support. In his opinion other student vets would leave, never to return to campus again.

The student veteran explained how he’s come to expect controversy in any class and these assignments would not have been a problem had the instructor first given a disclaimer, context behind the assignment, and the purpose for them at the beginning of the quarter. The bitterness and betrayal he felt would have been ameliorated if any opportunity had been made available to present both sides of an issue. To this veteran agreement or disagreement wasn’t so much the issue, as was understanding.

Contrast the aforementioned with another student veteran or another campus where in a class, “Live war footage of incoming mortar rounds reminded me of my time on a base that was often mortared. And the showing of a severely wounded patient reminded me of a situation I was in with severely wounded soldiers. Both of these situations created a lot of anxiety for me in the classroom.” He contacted me to use information for a meeting with the department chair. “I don’t want to tell them what they can or cannot say, but just want these educators to realize that some topics are more than just political issues for some members of the classroom,” he said. The outcome of the meeting was positive and the student veteran was invited to offer a presentation for all faculty staff who missed the meeting. In fact, it was shared with others across campus.

Some faculty will claim “academic freedom” as the reason to use their classrooms as a bully pulpit to express their particular viewpoints and this happens more easily when the instructor’s perspective is germane to the topic as expressed in the college’s

approved curriculum. This position is supported by a 1940s document authored by the American Association of University Professors. Sharing one’s personal biases in a social sciences course, for example, is much easier to get away with than in a mathematics course.

Whether one’s political opinion or the course content is protected by academic freedom or not, it seems to me that an instructor’s first commitment would be to the academic success of each student. One does not have to sacrifice academic integrity, rather, offering explanation for the purpose of an assignment and allowing dialogue and discourse on varying points of view will empower the student and give more credibility to the course and instructor. Can’t an instructor provide ground rules for discussion? In the case of the social sciences course there was little in the way of context or explanation behind the purpose of the assignments and little latitude was given for discussion of another point of view. I am aware this student veteran and another dropped the course. The second student veteran in the other course felt empowered enough to express his concerns to the department chair and as a result all faculty were made sensitive to and aware that prior to presenting disturbing content students be forewarned and permission given to take care in the event one became uncomfortable in class. Obviously, the actions of the department chair and faculty portray a commitment to student academic success and persistence toward one’s goals. Why can’t all instructors take this same approach? How hard is it to invite dialogue and discourse over something controversial? When providing an overview of the course on day one of the term, why can’t a disclaimer be given to students on what to expect in the class and that some assignments may stir emotion and cause discomfort? Don’t our student veterans deserve better? Why can’t some faculty see beyond their own self-interest and recognize there are students who elected to serve our country for varying reasons, who continue to shoulder the burden of serving in a war zone, struggle with the moral ambiguity of their actions, and who desire nothing more than to further their goals and learn without distraction in order to better their lives, that of their loved ones, and secure eventual employment? Shouldn’t academics be about promoting discourse and freedom of thought, or is it about, in a twisted way in the first situation mentioned above, failure?

One final note: veterans are taught to be flexible, to overcome and adapt when the situation warrants, and not to fail. The situation in the social sciences course leaves an additional dynamic for the veteran to contend with and that is the element of failure. Some students may not think twice about withdrawal from a course, but for a veteran this leaves a burden to resolve. Military training instilled the value never to accept defeat. It is ironic to think that an instructor who presents a controversial topic without an opportunity for dialogue and discourse is promoting academic success, because the student veteran is left to reconcile failure in the higher education environment. ###

U.S. Army Reports Effectiveness of Mental Health Screening of Troops Deployed to Iraq in 2007

A team of researchers with the U.S. Army reported in the *American Journal of Psychiatry* on the effectiveness of its predeployment screening of troops about to be deployed to Iraq. Christopher Warner, George Appenzeller, Jessica Parker, Carolyn Warner, and Charles Hoge reported details of their research in the April, 2011, issue [Effectiveness of Mental Health Screening and Coordination of In-Theater Care Prior to Deployment to Iraq: A Cohort Study, 168(4), 378-385]. The authors described the screening “using new DOD criteria to determine whether screening decreased negative outcomes for soldiers deployed in combat settings in Iraq. Although observational in nature, this study presents the only systematic assessment of predeployment screening of U.S. forces in Iraq and hence is of vital importance in understanding the potential impact of current predeployment screening policies in enhancing safety and ensuring continuity of care for deploying soldiers. This study and its methods depart from previous U.S. and U.K. studies, which focused on using mental health and personality scales to predict vulnerability and exclude individuals from deployment. Rather, we focus on predeployment psychiatric diagnoses, treatment needs, illness severity, and illness-related risks in order to improve mental health care for soldiers by linking them to ongoing treatment during deployment” (p. 370).

Researchers compared three infantry brigades from one infantry division (3rd) with three infantry brigades that were attached to the division from other posts. They write, “Because the six brigades did not deploy at the same time but rather over a 7-month period, comparable outcomes could be tracked systematically only for the first 6 months of deployment for all six brigades...” (p. 379). The authors indicate that combat exposure was assessed by “enemy attack rates”, which was similar for all six brigades over the 15 months of their deployment during the “surge” operation in Iraq.

On page 382 of their article, the authors presented a box that itemized the 15 screening questions, which were focused mainly on yes-or-no objective criteria of mental health functioning in the previous year, looking at whether or not the soldier had been in mental health treatment.

- “1. In the last year have you been under the care of a psychiatrist, psychologist, social worker, or counselor?
2. Are you currently taking any medications for a mental health condition?
3. What was your mental health diagnosis?
4. Have you ever been hospitalized for a behavioral health condition? If yes, please indicate the time frame of hospitalization.
5. Do you have any past or recent history of suicidal or homicidal thoughts, plans, or attempts. If yes, please explain.”

The questionnaire proceeds to ask about specific medications and side effects, including ADHD, and asks about treatment for substance abuse and alcohol-related events.

The authors explained that the criteria for deployment rested mainly on the soldiers’ stability if under psychiatric care, noting that soldiers with diagnoses of psychosis, chronic insomnia, or bipolar disorder were not deployable (p. 380). They write: “If a soldier was deemed unfit for deployment, one of two actions would occur. Either the soldier would be referred for medical disability separation process following standards outlined in medical fitness for duty regulations...or a meeting would be conducted with the soldier’s commander to explain the recommendations about the soldier’s condition and duty/deployment limitations” (p. 380).

Regarding suicidal criteria, the authors noted: “For the purposes of this system, suicidal ideation was defined as expressing thoughts about taking one’s life, while parasuicidal behaviors included any attempts or gestures toward taking one’s life, including self-mutilation, pointing a weapon at oneself, and sublethal overdoses” (p. 381). They noted that the army was operating under a Congressional mandate to conduct such screenings.

Warner, et al, indicated that “In the six brigades, a total of 21,031 soldiers were deployed, of whom 10,678 received predeployment mental health screening.” They reported results that indicated that “significant inverse associations were observed between predeployment screening and rates of mental health evacuations, suicidal ideation, combat operational stress reactions, and occupational impairment” (p. 383).

In a *Journal* editorial, Madelyn Hsiao-Rei Hicks, citing an army mental health advisory report, noted that 15.8% of previously surveyed soldiers in Iraq reported suicidal ideation within the previous 4 weeks of 2007, which was among the data that led to the Congressional mandate for mental health screening of all deployed troops. Dr. Hicks made the observation that the army’s data was limited because it relied on self report to identify soldiers with psychiatric diagnoses or treatment. Warren, et al, also noted that their research was limited because a soldier might have gotten treatment outside the army’s reporting system and withheld the information. Dr. Hicks cited the problem that “stigma and barriers to mental health care in the military inhibit self-reporting and help-seeking...and very likely caused underdetection by the authors’ screening” (p. 342). She went on to observe that “U.S. soldiers with mental health problems in Iraq and Afghanistan report significant stigma and barriers to care, particularly soldiers in forward combat zones.” She also noted, however, that “Warner and colleagues’ study implies the possibility that stigma, barriers to care, and relapse may be lessened and symptoms and medication continuity improved if soldiers with mental disorders enter their deployment already linked to treatment with a care provider” (p. 342). Warner, et al, assert that theirs is a systematic program of evaluation that provides the first direct evidence of the benefit of predeployment mental health screening. EE ##

Movie Review:***Made in Dagenham*—War Veterans Support Women on Strike**

Reviewed by Emmett Early

Made in Dagenham is a British film about a 1968 labor strike that occurred at a Ford manufacturing plant in which 187 women machinists sought to establish a pay scale equal to men. It is a well-made, emotionally moving film of a true event that changed the way women were regarded in the workforce throughout the industrialized world. It is reviewed here because the union shop steward, Albert Passengram, played by Bob Hoskins, identified, himself as a war veteran who fought Rommel, said in the context that he wasn't afraid of what was happening. He described himself also as a man who was raised by his single parent mother, who supported him by hard work at unfair low wages.

Made in Dagenham was directed by Nigel Cole from a screenplay by William Ivory. It stars Sally Hawkins as one of the 187 women working in a factory shop at sewing machines making seat covers for Fords. Sally plays Rita O'Grady, whose husband also works at the factory. They live in a housing development known at The Estate. If you saw *Harry Brown*, you have a feeling for what life was like at The Estate. Rita appears at first to be a timid, friendly woman, busy caring for her two children when she is not working at the factory, but she is drawn into the labor dispute because the other shop steward, Connie (Geraldine James), declines the role of leading the women in the labor protest.

Connie's husband, George (Roger Lloyd Pack), was also a veteran of World War II, and we see him at night in the throes of a nightmare in which he lunges out of bed and grapples with his wife in a terrible agony. Connie is a principal in the strike, even as Rita takes over the role as spokesperson. Both women must juggle their family responsibilities with the duties coordinating the strike, duties which are ever more demanding. Rita's husband, Eddie (Daniel Mays), is for the most part supportive of his wife, who had supported him in previous labor disputes on the men's side. However, he is tasked by the increasing burden of house-husbandry and wage loss as the factory is closed. Connie is an older woman, and her husband is emotionally more dependent and needy, and, although he supports her, he clearly is not doing well. He was a gunner on a flight crew and bailed out wounded and close to death during the war. As the strike draws Connie further away from him, he commits suicide, hanging himself in their little Estate apartment.

Rita's growth as strike leader is quite moving. We see her first trying to confront her son's school teacher who had beaten the boy. When the teacher is adamant and condescending, she backs down. Gradually, however, she finds her voice, and when she is brought along to a meeting between union officials and the Ford administrators, she balks at the union man, who wants to toady up to the Ford representatives, and speaks out about the injustice of the inequality of pay between men and women at the plant.

Throughout the film the women must deal with sexist comments and the condescension of men. Even the British government's Secretary of State, who is played with verve and force reminiscent of Margaret Thatcher by Miranda Richardson, has her story to tell of the sexist assumptions made in her presence.

It is worth dwelling on the role of the war veteran's spouse, Connie, because she is put in terrible conflict by her husband's suffering. He needs her support and is dependent on her to keep her domestic routine. Rita points out that all the women workers have to deal with problems as they assert their rights, but Connie's conflict seems to be more profound. When her husband follows her out the door as she goes off to her strike gathering, she reminds him of his history, when he did his duty to serve in his country's defense. He responds that he's not sure if he would do it again if there was another war, and she retorts, "Oh, yes you would. You would do your duty." But when he hangs himself, she feels an awful guilt in her grief. When Rita urges Connie to participate, she says, "You've got a life, too. You've got to live it. Can't have the war destroying two people."

When Rita speaks to the union members assembled at a national meeting, she alludes to George's military service and says "It was a matter of principle. You have to stand up. You have to do what was right, because otherwise you wouldn't be able to look your self in the mirror." She challenges the union hall full of men. "When did that change? When did we decide to stop fighting? We're not separated by sex, but only by those who are prepared to go into battle."

We often see in our counseling work that the more severe the veteran's PTSD, the more alienated and socially avoidant he becomes. The veteran's dependence on his domestic partner increases in correlation with his PTSD symptom severity. She becomes his social front. She deals with the trades people and relatives. She schleps the kids to and fro. She prepares the holiday activities. She accompanies him to his medical appointments and talks to the doctors when he shuts down. She watches and monitors his symptoms and keeps track his medicine supplies. She intervenes with the children and explains to them and the neighbors that her husband is a war veteran who has problems. Because of all these duties, her life is limited and buffeted by his symptom fluctuation. The fear that she harbors is just what Connie experienced when she returned to her apartment and found her husband dead.

This is a central subplot of *Made in Dagenham*, which is a story of women fighting for their rights and for justice in a world that has been ruled by men. It is a heartfelt portrayal of women uniting and working to support each other. We see it about us in women coming together as professionals to caucus in legislatures, women in health professions uniting in committees, women in biker clubs, women in blue collar trades, book clubs and sewing groups, who together can present a more powerful front to assert their rights. Groups for spouses of veterans would have a proper place in that pantheon.

Made in Dagenham is based on a real event in history. The closing credits feature the elderly women describing their experience in the strike and shows newsreel footage of their accomplishments. "We really are ladies." In 1970 the British Parliament passed the Equal Pay Act and that has influenced the status of women workers in the industrialized world. The allusion to the sacrifice of war veterans proved to be a rallying cry for the cause. ##

Book Review:*At Ease, Soldier! How to Leave the War Downrange and Feel at Home Again*
By Gayle S. Rozantine, Ph.D.

Reviewed by Emmett Early

At Ease Soldier! appears meant to be a workbook for veterans who return from combat. The use of the word “soldier” in the title is probably not meant to exclude other members of military service. The author, Gayle Rozantine, identifies herself as a psychologist with 15 years of experience counseling soldiers and spouses. I call it a workbook because of the 160 pages, about 60 pages are lined but left blank for the reader to make notes. The textual content is replete with various designs and drawings. She begins the text by listing what she refers to as “Collateral Damage”, applying the term, addressing the reader, to “The war in your mind.” She then lists and explicates various symptoms of posttraumatic stress, for example: “Irritability, Anger Do you find yourself snapping at your friends and family? Do you go from zero to a fist fight in an instant?” After listing the symptoms, she has a sketch of a dog tag with the message: “If you answered ‘yes’ to any of these questions, the information in this book will help you.” This is followed by a lined page with the question: “Can you identify any signs of ‘collateral damage’ in your life since returning home from deployment?” The author then adds on the following page an explanation of her intent: “From time to time, I will ask you to stop reading, to think about your experiences—positive, negative, and neutral—and to write about them. You will see that there are lined spaces for writing. If you need more space to write, there are additional pages at the end of the book.” She then cautions the reader to keep the book in a “private place where others don’t have access to it.” She goes on to ask the reader questions about the sensations of being deployed and gives space she calls “Field Notes” for the reader to write about sights, smells, etc., along with changes the reader observes upon introspection.

Dr. Rozantine follows these notes with a section she calls “Battlemind Debriefing” and gives a very brief example of one veteran and his spouse, Brian and Tiffany. Tiffany wants to go out on a long-awaited ‘date night’, while Brian wants to be with his “Buddies.” She suspects maybe he’s “cheating with one of the female Soldiers in his unit.” The author then follows with a lined note page headed by the question, “Has anything like this happened to you?” She then lists “Tune-up Tips”, ways to resolve the conflict between the soldier’s feeling of camaraderie and the needs of his family. She uses the metaphor throughout her book of the use and maintenance of a military vehicle. Thus she breaks down the issues of a veteran’s adjustment following deployment to a combat zone and gives the reader opportunities to reflect. She covers symptoms such as “Targeted Inappropriate Aggression”, “Tactical Awareness Hypervigilance”, use of firearms, anger, secretiveness, “Individual Responsibility Guilt”, “Non-Defensive (Combat) Aggressive Driving”. She has a section providing tips for dealing with sleep disturbance, “Soldier’s Snooze Blues”, and “Tools for Managing Stress,” and devotes a significant section on the explication of anger, “Rage Gauge”. She provides a graphic of a gas cylinder, “Your Anger Tank”, and discus

cuses the various parts of the tank: the cylinder, the gauges, the release valve, and then, using this metaphor, she briefly discusses the causes of anger, sensations, thoughts and behaviors in relation to anger.

Dr. Rozantine concludes *At Ease, Soldier!* with a section on alcohol use and abuse, but curiously does not discuss drug use and abuse. She provides a nice summary of “the important things you learned in this book”. She writes: “You now have the tools you learned to help you leave your deployment experiences in the past where they belong and adjust to your present life at home. Reading this book, learning and practicing the techniques, and completing the exercises has already helped you begin to feel at home and to create the life you want.” She then has a graphic of a military medal and writes: “Please record your completion date. You deserve a Medal of Valor for the courage it has taken to complete the exercises in this book. Congratulations!”

Dr. Rozantine begins her book with a disclaimer on the opposite side of the title page, usually reserved to the library details, essentially saying that her work is designed to provide “accurate and authoritative information” but not “intended to take the place of appropriate medical or mental health treatment....” She ends her book with a reading list that includes our own Bridget Cantrell-Chuck Dean’s offering, *Down Range to Iraq and Back*.

One has to bow to the times and acknowledge that this generation of veterans, coming from developmental exposure to electronic instruments and magazines that encapsulate news in brief snippets, are not inclined to read books that have long paragraphs and give any prolonged consideration to the complexities of such problems as posttraumatic stress arising from combat. Dr. Rozantine’s *At Ease Soldier!* comes with references to a website and relaxation training CDs. Thus she provides a complete marketing package.

The last issue of the *RAQ* reviewed the army’s effort to initiate a training for its soldiers in a positive psychology approach to dealing with combat trauma. The articles expressed the Martin Seligman contention that clinical psychology has had a bias toward psychopathology that has led soldiers to have an expectation that encounters with traumatic events would produce PTSD. Dr. Rozantine’s workbook approach depathologizes the adjustment after combat in foreign lands, providing the veteran with language that he or she is familiar with and in bites that are quickly read and comprehended. She uses metaphors and military jargon that she believes the soldiers are so familiar with that they will be comfortable. No psychobabble here—just plain words. Whether or not the veteran will benefit from or even work through the simple text is yet to be determined, when the chief ingredient in most successful psychotherapy seems to be the establishment of a trusting relationship. ##

Movie Reviews:*Human Desire* and *Nightfall*: Two *Noir* Films about War Veterans from the 1950s

Reviewed by Emmett Early

The decade of the 1950s saw an abundance of veterans from two wars providing subjects for the Hollywood film-makers. *Human Desire* (1954) was directed by Fritz Lang and was a remake of Jean Renoir's classic 1938 *La Bête Humaine*, based on a novel by Emile Zola. Both films are about railway train engineers who are caught up in murder plots with devious women. The screenplay for *Human Desire* by Alfred Hayes gives the story a war veteran twist with Glen Ford playing Jeff, a veteran just back on his job from Korea. He had enlisted in the army and has been away three years. Broderick Crawford plays the beast in this version, as an assistant rail yard manager, Carl, who is fired from his job for neglect of duty. He talks his wife, Vickie (Gloria Grahame), into plying an influential businessman to get his job back. Vickie is reluctant, because she had an affair with the man as a teenager, but she goes through with the task. When Carl learns of the sexual connection he becomes enraged with jealousy and induces Vickie to approach the man on a train so that Carl can kill him.

Jeff happens to see Vickie in the railroad car where he is deadheading, (pardon the expression,) back to his job, but covers for her at the inquest. She draws Jeff into a plot to murder her husband, who becomes a dissolute drunk and who has a hold on her, that implicates her in the murder. Jeff doesn't want to kill Carl, in spite of falling in love with Vickie. He says, "It's all wrong. I feel dirty." She responds, "Why? You killed before." Jeff replies, "The war? You thought I could do it because of that? It takes a different kind of killing—a different kind of man."

It is unfair, perhaps, to compare *Human Desire* with its diesel locomotive and clean cut Glen Ford with *La Bête Humaine*, and the craggy-faced Jean Gabin in command of the throbbing fire-driven steam locomotive. Gabin's character is not a war veteran, but has a kind of seizure disorder that seems involuntary in which he kills women. In *Human Desire*, it is Broderick Crawford's character who is the beast, strangling his taunting wife in the railroad compartment. It is another example of the war veteran portrayed as a good man who does the right thing, despite being enticed to use his fighting skills for evil, and is another example of the *noir* motif of the war veteran portrayed as struggling to stay on a righteous path that is made crooked by dark forces.

Nightfall was released in 1956 and features a navy veteran of the Battle for Okinawa. It was directed by Jacques Tourneur and has snappy dialog written by Sterling Silliphant from a novel by David Goodis. Again the veteran is an innocent who is threatened by crooks, in this case cast into a situation where he is implicated in a murder. Aldo Ray plays the veteran, Jim, who is forced into fleeing from the law until he can prove his innocence. Jim is camping in the Wyoming mountains with a friend, a doctor. They are just breaking camp ahead of a threatening snowstorm when two bank robbers in a speeding car swerve off the highway near their camp and crash. The campers come to their aid and are threatened with guns for their good deed. Brian

Keith and Rudy Bond play the robbers who are foils for each other as opposite personalities. Keith's character is clever and laid back, while Bond plays a vicious psychopath who laughs when he kills.

Anne Bancroft plays Marie, a fashion model who is duped by the robbers into luring Jim into an ambush where he is driven at gunpoint to the site of a throbbing California oil rig. Jim is beaten and tortured, but manages to overcome the robbers and flees. Jim cannot go to the police because the evidence seems to implicate him as the murderer of his camping buddy. He has to go back to the Wyoming campsite at spring thaw to find the bag of money and turn it over to the police. Of course the beautiful Marie is drawn into the fray and they fall in love before the final battle is fought.

These *noir* movies are about alienation that war veterans experience, but are cast as being not alienation caused by the war, but rather by society gone sour. Jim, the navy veteran in *Nightfall*, is unjustly cast as a murderer and must go underground, taking up alias identities, jumping from job to job, until he can reestablish his integrity. In *Human Desire*, Korean War veteran, Jeff, is tempted to kill to help a deceitful woman out of a jam. The fact that he killed in combat makes him prey for exploitation. He manages to right himself just in time.

When veterans return from combat deployments and have to take up where they left off in civilian life, alienation is perfectly natural and to be expected. One cannot go through repeated encounters with death and destruction in a foreign land and be expected to return unscathed to a life where peace and continuity have been the rule. The war veteran's memory cannot be suppressed without risk of future problems. The history of psychopathology is rich with examples of patients who have suppressed traumas and developed hysterical reactions, physical maladies, emotional turmoil, and habits that hound them. But that same history tells us that traumas are suppressed for good reasons, because to confront and integrate the experience of trauma is emotionally difficult, especially when living in a community where there is little understanding and even bias about having such strong emotional memories.

Combat veterans, who live in communities that experience war, benefit from an empathic understanding that is shared. In America there are pockets of understanding. Popular programs on TV and in literature, religious communities, and humanists express understanding and encourage veterans to come forth and expose their emotional memories, but these are pockets, islands in a larger community of the American public that is judgmental and, as far as combat veterans are concerned, downright fearful of the violence and destruction that is represented in the memories of combat trauma. There are many popular attempts to gloss and cure the emotional memories of combat. They give ceremonies and awards, pronouncing with pretty music to the audience that all is better. The veteran goes away feeling catharsis, but the memories remain, the problems return, changed perhaps, but requiring more hard work. ##

Book Review:*Parade's End*, by Ford Madox Ford

Reviewed by Emmett Early

Novels about war that are written by veterans who were involved in combat are prized for their insights, especially if they give us a perspective of the veteran's post-war adjustment. Ford Madox Ford was an Englishman who joined the army at age 41 and was involved in the Battle of the Somme during World War One. He was shell-shocked and suffered memory loss, but recovered sufficiently during that long war and returned to the trenches for more combat. His novel, *Parade's End*, features a character who he described as appearing very much like Ford from the pictures we have, and was similarly shell-shocked, hospitalized in England, and returned for more combat. The protagonist is Christopher Tietjens, an English gentleman, a Tory who was profoundly affected by his combat experiences. Ford wrote *Parade's End* in four parts between 1923 and 1928. It was published in the U.S. in a 906-page Everyman's Library edition (reviewed here) in 1992, and is now being republished in four paperback volumes, the first two volumes just released this year.

When Tietjens' wife, Sylvia, urged him to describe what happened, he could not. He said, "The point about it is that I *don't* know what happened and I don't remember what I did. There are three weeks of my life dead..." (p. 180). The novel began after he returned to his home between combat tours. The second section, "No More Parades," covers his second period of combat, when he functioned as a Captain who was in command of organizing drafts of new troops heading for the front lines, well within the range of German artillery. He was efficient, but ran afoul of the commanding general and was sent to command a battalion in the trenches. Tietjens encountered repeated combat traumas. His runner, named O Nine Morgan, was hit by shrapnel during an artillery barrage and died in the bunker, soaking the floor with blood. He ruminated about O Nine Morgan because he had refused the man leave due to shortages in personnel. He described it as an obsession that "intermittently jumped on him."

Ford gives us a feeling for the losses suffered by England. Tietjens had two brothers killed in Gallipoli and a sister killed as a Red Cross matron. Ford was particularly cynical about the regard that the civilian population had for war veterans. He is quoted as saying to a fellow writer and war veteran, Wyndham Lewis: "One month after it's ended, it will be forgotten. Everybody will want to forget it—it will be bad form to mention it. Within a year disbanded 'heroes' will be selling matches in the gutter." He has Tietjens saying, "after the war was over the civilian population would contrive to attach [discredit] to every man who had been at the front as a fighting soldier. After all that was natural enough. The majority of the male population was civilian and once the war was over they would bitterly regret that they had not gone. They would take it out on the ex-soldiers all right!" (pp. 803-4).

At the Armistice Day celebration, Tietjens was caught up with several of the veterans from the unit he commanded, including a man who he had rescued from being buried in the mud and who lost an eye when Tietjens dug him out with an entrenching shovel. Also joining the celebration was another officer who was

shell-shocked and goes "mad" as they all ride in a carriage. They deposit him at a hospital for shell-shocked veterans. During the same Armistice carriage ride, the colonel who commanded the regiment in the trenches and became overcome with alcohol, died in the carriage.

It is particularly interesting that Tietjens' personality quirks become extreme after the war. He had always been a conservative gentleman. His family's estate was on coal-producing land and he was remarkably wealthy, but he disdained his wealth, refusing his inheritance and the estate that was offered to him by his last remaining brother. He managed to give away all his money and finished his life as an impoverished antique furniture dealer. He had married a remarkably cruel and beautiful, wicked woman who tormented him throughout their marriage. Because he was Roman Catholic and a gentleman he refused to divorce her, and instead gave her his rich estate. He developed a love relationship with an intelligent but poor woman, Valintine Wannop, the daughter of a Latin scholar and eventually lived with her. She described in a stream-of-consciousness monolog, one of Tietjens' nights asleep: "'Bring the Captain a candle,' he would shout dreadfully beside her in the blackness. She would know that he was remembering the sound of picks in the earth beneath the trenches. And he would groan and sweat dreadfully and she would not dare to wake him.... And there had been the matter of the boy Aranjuez' eye. It happened that he had run away and holding his hand to his eye after Christopher had carried him out of a hole" (p. 881).

Perhaps a reflection of the change brought on by his war experiences, Ford, who was of German ancestry, changed his name to Ford in 1919. He had a long and productive career as a writer and literary editor, and finished his career as a Writer-in-Residence at a small U.S. college. As an editor of a literary review and journal he published his contemporaries, Ernest Hemingway, Joseph Conrad and Ezra Pound, among others. Among war novels, *Parade's End* is probably least well known due to its complexity. He used a modern impressionistic literary style that was used most famously by James Joyce, and which requires a patient concentration in reading, which is today a style most foreign to the brief tweets of the electronic generation. What is apparent, however, is Ford's first hand knowledge of World War One combat and the emotional aftermath that is universal among war veterans. His character, Christopher Tietjens, during his long period of combat developed a strong intuitive sense ("intimations") of who would die or be injured. "As a rule he was right. But then, almost every man you looked at would be killed.... Himself excepted" (p. 673). Tietjens' emotional changes and difficulties were blamed by civilians on personal degeneracy rather than war trauma. His wife considered him an oaf and a beast.

"There will be no more parades. Sooner or later it has to come to that for us all." *Parade's End* is much more than a war novel, it is a vivid epic of the time and the fate of a war veteran gentleman. ##

Movie Review:***Suddenly*—Good Veteran and Bad Veteran Fight Over Control of Gun**

Reviewed by Emmett Early

Suddenly was released in 1954 and featured Frank Sinatra in his first acting opportunity, playing a killer, Johnny Baron, who is about to assassinate the President of the United States. He is an army infantry veteran who brags about winning the Silver Star and killing 27 men. "When I was in the army I did a lot of choppin'." He and two fellow gangsters take over a house that overlooks the railway station in a town called Suddenly, where the President's train is scheduled to stop. The Sheriff of the town, Todd (Sterling Hayden), is also an army veteran. Johnny calls him sarcastically "a good soldier." Todd speculates that Johnny was discharged on a Section 8 because he was sent home before the war ended, unlike most in the infantry who had to stay in until the war was over. The Sheriff is sweet on Ellen (Nancy Gates), a war widow whose 8-year-old son, Pidge (Kim Charney), wants to have a toy gun against her wishes. She, her son, and her father, Pop Benson (James Gleason), live in a house overlooking the railroad station. Pop is a WWI navy veteran who happens to be a retired Secret Service agent.

As things turn out, the assassination is foiled by some rather dumb planning on the part of the gangsters. Pidge gets Pop's pistol and manages to shoot at Johnny, but misses. Ellen grabs the pistol and shoots Johnny and wounds him, and then the Sheriff, the "good soldier," kills the would-be assassin. *Suddenly* was taken off the market along with *The Manchurian Candidate* after JFK was assassinated. The audience is left with a modern American theme that it is bad people, not guns, that are dangerous. Pidge claims kids call him a sissy because he can't have a toy gun.

Suddenly repeats the good veteran versus the bad veteran struggling over control of a gun that was the theme articulated in Kurosawa's 1947 *Stray Dog*. One veteran becomes a gangster, the other becomes a cop, but in *Suddenly* we have the message that a person with a disturbed childhood, whose father was a "dipso" (alcoholic), and who was abandoned by his mother to an orphanage, can become unraveled by army training and combat. Johnny says, "before the war I drifted and drifted. The war changed everything." Later he states, "when you got a gun in your hand you're a god." It was an important post-war message to convey in the U.S. that it wasn't that combat unnerved a soldier, it was a troubled childhood. When film director John Huston tried to make a case in his 1945 army documentary, *Let There Be Light*, that conditions in combat alone could cause combat fatigue, the army shelved his film and remade the documentary with a new director, calling it *Shades of Gray*, which conveyed the alternative message that poor parenting was the cause of combat fatigue. Tragically, it seems many veterans believed that their problems adjusting to civilian life after World War II and the Korean War were not the responsibility of the federal government, but their own to deal with in private.

Kurosawa in *Stray Dog* presented the downfall of the veteran who turned to crime as being the product of bad choices made under oppressive conditions following Japan's defeat. The distinction between these two films regarding the causality of adjustment difficulties of war veterans to civilian life is crucial to the problem of stigma. The sheriff's derisive criticism of Johnny's war record was

focused on Johnny's being sent home on a "Section 8," suggesting that he was discharged for mental health reasons. The onus of stigma was compounded by Johnny's psychopathic braggadocio, claiming that the army had taken away his feelings. When Ellen asks him "Haven't you any feelings at all?" Johnny replies, "No, I haven't, lady. They were taken out of me by experts." The movie-going public was left with the sense that combatants who were sent home for mental health reasons were potentially violent and dangerous psychopaths who would kill respected leaders. Nowhere in *Suddenly*, or any other popular movie of that postwar era, was there a consideration that a soldier who was otherwise stable could be overwhelmed by the stresses of combat conditions and could subsequently return to a stable condition with proper care. This prejudice began to change with some later movies, such as the 1956 *The Man With the Gray Flannel Suit* and the 1989 *Jackknife*. The concept of the war veteran who was stable before the war and then destabilized in combat was shown clearly in the War on Terror film *Brothers*, in which the soldier is shown to be a solid family man, who is unhinged by the traumas of a helicopter crash, capture, and torture by the Afghanistan Taliban.

One film that suggests pre-war stability in a veteran who is crushed by military combat in Vietnam is *Spitfire Grill* (1996). The prewar stability is implied by photos of the star high school athlete, a technique that was also used in *Jackknife*. It is, of course, an assumption also based on a stereotype to think that high school athletes are mentally stable, but is at least a measure, not given very often, that war veterans with PTSD were functioning adequately before the war.

The other movie that was taken out of distribution after the JFK assassination was the 1962 film *The Manchurian Candidate*, which fed the stigma stereotype that the individual damaged by brain washing during captivity in the Korean War was set up by the parental abuse of maternal domination proffered by the evil "Queen of Diamonds" mom, played with grand style by Angela Lansbury.

It's too bad that a film like *Suddenly* did not portray the sterling character of Sheriff Todd as someone who had also struggled with adjustment difficulties after his return from combat. What was so remarkable about Kurosawa's *Stray Dog* (reviewed in the Winter *RAQ*) is that it did not opt for the easy stigma that emotional difficulties in veterans following war was caused by prewar maladjustment. Perhaps it was easier during the U.S. Occupation of Japan, when *Stray Dog* was made, to look more critically at the "beastial" conditions of prolonged combat in the defeated army of Japan. We see very little candid viewing of the emotional outcome of the traumas of prolonged combat in popular media. In the confidential sanctuary of psychotherapy offices after the Vietnam War there were certainly plenty of examples of war veterans who were profoundly impacted by the traumas of combat, who had relatively normal childhoods and who had entered military service for reasons attributed to patriotism and sense of duty, but such stories do not seem to make it into public knowledge. ##

Movie Review:***Oliver Sherman*—War Veteran Visits Man Who Saved Him**

Reviewed by Emmett Early

Oliver Sherman is a difficult and moving Canadian film about a veteran of the Iraq War who, 7 years after they served in the same combat unit, visits the man who saved his life in a firefight. The film's title is the reverse of the veteran's name, Sherman Oliver. Sherman is played by Garret Dillahunt. He is first seen on a bus, a shot from behind his head, where we see a white scar through his hair. Sherman explains to Franklin Page (Donal Logue), whom he visits, that, when he recovered consciousness after his head injury, he could not remember his name, and read it on the bed chart, and thought it was his correct name.

Franklin Page works at a mill, has a wife, Irene (Molly Parker), and two young children. He is surprised and invites Sherman into his house. Sherman has symptoms of brain injury, most notably a flat, restricted range of affect, an awkward, socially inappropriate bluntness, rigidity, and concrete thinking, which makes for difficult dinner conversation. When Irene asks him what kind of work he does, he replies succinctly, "Just a vet. Nothin' much."

The problem develops as Sherman stays on in the Page household. The family has a custom that if anyone uses foul language he or she has to deposit money into a kitchen jar. When, at a birthday party for one of the kids, Sherman walks into a chandelier, he collapses to the ground in shocked startle and curses with uninhibited gross GI language, putting a pall over the party and making the baby cry. He finishes his meal alone in a bedroom and deposits \$10 into the jar.

Franklin and Irene soon feel the tension as Sherman stays on in their house. He visits the local library during the day and Franklin picks him up after work and drives him back to their country house. Sherman drinks beer and whiskey steadily. Irene becomes irritated with the effect the visitor is having on her husband and becomes nervous having him around her children. Sherman seems to be an example of war veteran alienation when he says, "I feel like I'm on the outside of everything looking in." When Franklin asks him about his plans, Sherman reveals that he has no plans and doesn't think about the future.

The title, *Oliver Sherman*, by reversing the name, is a statement that Sherman's injury has affected his identity. It is as if Sherman wants to be rescued again and helped to make an adjustment to civilian life, but isn't able to articulate his need.

Oliver Sherman is directed by Ryan Redford, with a screenplay from a story by Rachel Ingals. It is a modest low budget film that is loaded with a sense of peril because of Sherman's social awkwardness. For instance, he at one point shows the 4-year-old child his combat knife, which he carries with him. The child holds it, fascinated, as his father walks in. The knife begins to loom large as an instrument of peril in this gloomy film that will probably do poorly at the box office, although it is well acted and directed, with excellent photography by Antonio Calvache. Titles at the end of the film suggest that it was shot in Canada. I attended on a sunny Sunday morning and estimate that there were more Film Festival volunteers than patrons in the audience.

Wars have a way of unexpectedly surfacing in a veteran's life. Sherman Oliver seeks out the man who saved his life in hopes of belonging again. Franklin Page remarks to his wife that he's not sure: "Did I really help him or curse him?" Sherman considers Franklin a hero and cajoles him into digging his Bronze Star out of a trunk in the attic and showing it. Sherman taps his head and says, "I got some metal here."

Several films in recent years have taken their plots from the theme of the war veteran reappearing unexpectedly in the life of the protagonist. The most controversial is the 1972 anti-Vietnam War film by Elia Kazan, *The Visitors*, in which two veterans seek out the man who testified against them at a trial which convicted them of raping and murdering a Vietnamese girl. They show up at his remote country house after being released from Federal prison on a technicality and torment the peace-loving veteran.

Another example of this theme is the 1989 film, *Jacknife*, in which a veteran visits his Vietnam War buddy after completing a life-changing therapy group for veterans. His buddy is still in the throes of alcoholism. The visit is marked by strife and tension, but ends with a positive note of one veteran helping another to adjust to civilian life.

There is tension also in *Missing in America* (2005), in which a veteran seeks out his former platoon leader who is living in an isolated Northwest cabin. The visitor brings his 9-year-old Vietnamese-American daughter and imposes on the protagonist to take care of her after the visiting veteran goes off to die of cancer.

In *Oliver Sherman*, the veteran's wife cannot understand why Sherman cannot put the war behind him the way her husband did. The film focuses on the peril of the threat of violence and it becomes a metaphor for the violence of combat in foreign lands that comes back to haunt American society. The veteran may have made a good adjustment to civilian life, but the memories of combat traumas become real in the form of a visiting veteran.

The sense of peril generated in *Oliver Sherman* is also reflected in the anger of Sherman when he realizes that he is no longer a welcomed guest. He vents some of his anger at Irene, which only makes matters worse. He tries to ingratiate himself and change their attitude toward him, but his actions are gross and serve only to increase everyone's alienation.

The brain-injured combat veteran would not be a subject for insight therapy or lay counseling. He desperately needs a helping relationship but hasn't the social tools to make a relationship last. The man who saved his life, in the end, has to ask Sherman to leave on the next bus. To Sherman this seems like an act of betrayal, and certainly a rejection of himself and what he has to offer socially. He keeps the deadly combat knife in his belt behind his back, and the sense of peril increases right up to the last unhappy moment.

Last year's Seattle Film Festival war veteran offering, *The Dry Land*, never made it back for a theater run before it went to video. Chances are very good that *Oliver Sherman* will follow the same route. It is a realistic film that could happen to any veteran who may otherwise have made a good adjustment after a period of foreign combat. ##

Book Review:*When Johnny and Jane Come Marching Home: How All of Us Can Help Veterans*

By Paula J. Caplan

Reviewed by Emmett Early

There seems to be a reaction among veterans of the current wars that normal post-combat reactions have been pathologized. They shun the medical interpretation of symptoms. Harvard psychologist Paula Caplan gives additional voice to this thesis in her latest book with an awkward title, *When Johnny and Jane Come Marching Home*. It is her contention that the PTSD diagnosis makes post combat reactions an illness that is exclusive to the individual, when it is really a social problem that is caused by war.

The root of Illness is 'ill', which is a word with no good associations. Ill thought out, ill advised, an ill wind.... A now obsolete use of 'illness' means 'wickedness.' I think, though, that Paula Caplan does an injustice to mental health practitioners, at least of the sort we have in our program. I suppose one could select out bad apples in any bunch, but that does not characterize the bunch. Good psychotherapy, after all, aims to help the veteran reintegrate into society. She tends to picture the therapy process as shutting off the veteran and closeting his or her story of the war. She wishes that those stories get out in the hopes that they will influence the public to look at the war policy critically. "Closeting vets behind therapists' doors and silencing them with drugs makes us all morally sick, because it keeps private and hidden the consequences of war" (p. 212).

Dr. Caplan urges her readers to reach out to veterans and ask to hear their stories. She offers chapters of advice about how to do that. She views the Department of Veterans Affairs as an inadequate institution that is contributing to the "psychiatrizing of society." Logically she states that "if we call suffering vets mentally ill, then that means war is causing mental illness on a massive scale..." (p. 78). PTSD, unlike previous terms, like Shell Shock and Combat Fatigue, takes the war out of the definition and hides it from a society that conspires to look away from war casualties.

In making her case, Dr. Caplan criticizes the way PTSD is defined in the DSM nosology. She critiques the process of psychotherapy, per se, stressing that the active ingredient in all successful therapy is relationship, which is not exclusive to the therapy office. She does not consider, in articulating the faults of therapists, that the training therapists go through is a glean-ing process that separates out most of the incompetent and harmful and that a professional psychotherapist has motivation—doing a job—that is straightforward. While her logic is correct, that a large part of the alienation that war veterans experience is generated by the gap between their experience and the rest of the population, and that war might be less tolerable if knowledge of it were more common and less romanticized.

While Dr. Caplan is an iconoclast attacking the assumptions in the mental health professions, she is at the same time naïve in thinking that her instructions to lay persons will correct the social problem. On page 102, she gives us a nice summary of her criticism of mental health professionals:

"In summary, the problems that psychotherapy can involve

for veterans include the near certainty that anyone seeing a therapist will be diagnosed as mentally ill; that psychotherapy is often paired with medications that might help or might cause harm; that many therapists are simply not very good at listening with respect and compassion; that many therapists have personal problems; that many therapists' training for working with vets has been severely limited; the paucity of evidence that psychotherapy is helpful with many vets; the major problems with research that might otherwise have helped therapists know how to help vets; the awkwardness for the vet of knowing that the therapist is being paid to listen; the fact that the therapist is not part of the community in which the vet must live and function; and the therapist's limited ability to help with the kinds of moral, existential, and spiritual crises that plague so many vets."

Although Dr. Caplan's book was well-researched, she does not mention our program in Washington State, which has been in existence for 27 years, and a program which is based on the spirit of the therapist living in the same community as the veteran. One of her chief complaints, had she known about our policy, is nullified, for we do *not* have to arrive at a diagnosis or refer for medication if it is not beneficial to the veteran. The focus of good therapy is on the relationship and the goal is for the veteran to be in the community. She seems to mix two issues: one is that reactions to combat are normal. We often talk in therapy about what is normal for a combat veteran, yet the problem of alienation in veterans is that it is not normal for the general population. Much of psychotherapy is addressing that rub. The other issue that Dr. Caplan raises is the problem of the ongoing wars that are being conducted by a professional military, in which the burden of the task is felt almost exclusively by military personnel, veterans, and their families. She rightly points out America's reluctance to look at war casualties and the family stress of repeated long term deployments.

Dr. Caplan is vigorous in her criticism of the Army's Comprehensive Soldier Fitness program. She quotes Brig. Gen. Rhonda Cornum, Chief of the CSF program "psychological fitness is essential in today's era of persistent conflict." Of course, the essential question is how anyone exposed to persistent conflict, danger, and tragedy can remain psychologically 'fit'" (p. 132). Then she quotes Ernest Hemingway: "It's pretty to think so."

It is important that we realize that wars have always produced veterans who have adverse reactions, and, for many, long term reactions become burdensome problems and habits, which, if they are dealt with early enough, can be mitigated. Dr. Caplan is very concerned that this country is headed for a catastrophe by conducting wars and hiding the consequences by calling it an individual veteran's pathology. An alternative to her grass roots call for lay listeners is a program that involves grass roots professional care within the veteran's own community. ##

WDVA Contract Therapists

Laurie Akers, MA, Everett...	425 388 0281
Clark Ashworth, Ph.D., Colville.....	509 684 3200
Wayne Ball, MSW, Chelan & Douglas...	509 667 8828
Bridget Cantrell, Ph.D., Bellingham.....	360 714 1525
Don Comsia, King, Pierce Counties.....	253 284 9061
Paul Daley, Ph.D., Port Angeles.....	360 452 4345
Duane Dolliver, M.S., LMHC, Yakima...	509 966 7246
Jack Dutro, Ph.D. Aberdeen/Long Beach	360 537 9103
Sarah Getman, MS, LMHC, Longview....	360 578 2450
Dorothy Hanson, M.A., LMHC.....	253 952 0550
Casper La Blanc, Mason, Kitsap.....	360 462 3320
Adrian Magnuson-Whyte, MA, Shelton...	360 462 3320
Keith Meyer, M.S., LMHC, Olympia...	360 250-0781
Brian Morgan, M.S., LMHC Omak.....	509 826 0117
Peninsula CMHC Center, Clallam, Jefferson Counties.....	360 681 0585
Dennis Pollack, Ph.D., Spokane.....	509 747 1456
Dwight Randolph, M.A., LMHC.....	253 820 7386
Mary Ann Riggs, San Juan County.....	360 468 4940
Jody Stewart, MA., LMHC, Kitsap County Bremerton.....	360 377 1000
Katie Stewart, MA, LMHC, Kitsap County Silverdale.....	360 698 5242
Darlene Tewault, M.A., LMHC Centralia.	360 330 2832
Roberto Valdez, Ph.D., TriCities.....	509 543 7253
Stephen Younker, Ed.D., Yakima.....	509 966 7246
Washington State U. Psychology Clinic...	509 335 3587

Special Programs:

Community College & University Outreach to war
Veterans—See King County Education Project

School Outreach Project: K-12, Thurston,
Pierce and South King County. Contact Tom
Schumacher ...360 725 2226

The PTSD Program is committed to outreach of returning veterans of our current wars. We work closely with the National Guard, military reserves, and active duty members and families to promote a healthy and supportive homecoming.

To be considered for service by a WDVA or King County Contractor, a veteran or veteran's family member must present a copy of the veteran's discharge form DD-214 that will be kept in the contractor's file as part of the case documentation. Occasionally, other documentation may be used to prove the veteran's military service. You are encouraged to call Tom Schumacher for additional information, or if eligibility is considered a potential issue.

It is always preferred that the referring person or agency telephone ahead to discuss the client's appropriateness and the availability of time on the counselor's calendar. Some of the program contractors conduct both group and individual/family counseling. ##

Seattle Vet Center 206 553 2706
Yakima Vet Center 509 457 2736
Tacoma Vet Center 253 565 7038
Spokane Vet Center 509 444 8387
Bellingham Vet Center 360 733 9226
Everett Vet Center 425 252 9701
Federal Way Vet Center 253-838-3090

King County Veterans Program Contract Therapists

Laurie Akers, MA, LMHC.....	425 388 0281
Dan Comsia, M.A., M. Div., LMHC.....	253 840 0116
Diana Frey, Ph.D., Maple Valley.....	425 443 6472
Dorothy Hanson, M.A., LMHC Fed Way	253 952 0550
Laureen Kaye, MA, LMHC, Duvall.....	425 788 9920
Ron Lowell, MSW, LCSW, Seattle	206 902 7210
Diane Nakamura, Ph.D., Renton.....	253 852 4699
Mike Phillips, Psy.D., Issaquah.....	425 392 0277
Dwight Randolph, M.A., LMHC Seattle...	206 465 1051
Karin Reep, MA, LMFT, Duvall, Redmond.....	425 788 9921
Steve Riggins, M.Ed., LMHC Seattle.....	206 898 1990
Terry O'Neil, Ph.D., Bellevue.....	425 990 9840
Valley Cities Counseling, Renton.....	253 250 4597
Tom Wear, Ph.D., Seattle.....	206 527 5382

King County Education Project

Scott Swaim, MA, LMHC.....	206 909 4745
Peter Schmidt, Psy.D.....	425-640-1463

King County Veterans Program

Provides vocational guidance, and emergency financial assistance. The office is located at 123 Third Ave. South, Seattle, WA

.....206 296 7656

WDVA offers Jail Diversion and Homeless Projects through the King County Veterans Program
206 296 7569.

Gulf War Helpline.....1 800 849 8387
Puget Sound Health Care System
(VA Hospital).....206 762 1010
Seattle VA Deployment Clinic.....206 764 2636
Spokane VA.....800-325-7940
Portland VAMC800-949-1004
24-Hour VA Crisis Hotline.....1 800 273 8255